STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	002656	A. BUILDING: _____ B. WING _____	06/26/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERITUS AT ARBORWOOD	430 CLEVELAND RD GRANGER, IN 46530

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for a State Licensure Survey. Survey dates: June 25 and 26, 2013. Facility Number: 002656 Provider Number: 002656 AIM Number: N/A Survey Team: Julie Baumgartner RN-TC Brenda Meredith RN Census Bed Type: Residential: 53 Total: 53 Census Payor Type: Other: 53 Total: 53 Sample: 7 Emeritus at Arborwood was found to be in compliance with 410 IAC 16.2 in regard to the State Licensure Survey. Quality Review 06/27/13 by Lisa McColly	R 000		